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APR 12 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

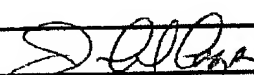
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/775,593
	Filing Date	02/09/2004
	First Named Inventor	Western
	Art Unit	3742
	Examiner Name	Joseph Moore Pelham
	Attorney Docket Number	6973P001
Total Number of Pages in This Submission		18


ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <i>PTOSB06</i>	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached <i>PTOSB22</i>	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request <i>SB22</i>	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	J. Carl Cooper		
Date	April 12, 2005	Reg. No.	34,568

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	J. Carl Cooper	Date	April 12, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/06 (12-04)

Approved for use through 7/31/2006, OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 6973 P001																																					
Substitute for Form PTO-875																																										
APPLICATION AS FILED – PART I																																										
(Column 1)		(Column 2)		SMALL ENTITY		OR																																				
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FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)																																				
BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A	N/A	385	N/A																																					
SEARCH FEE (37 CFR 1.16(k), (l), or (m))	N/A	N/A	N/A	-	N/A																																					
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A	N/A	-	N/A																																					
TOTAL CLAIMS (37 CFR 1.16(i))	1	minus 20 =	-	0	x 9 =	-																																				
INDEPENDENT CLAIMS (37 CFR 1.16(h))	1	minus 3 =	-	0	x 43 =	-																																				
APPLICATION SIZE FEE (37 CFR 1.16(e))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))			N/A	-	N/A																																					
			TOTAL	385	TOTAL																																					
* If the difference in column 1 is less than zero, enter "0" in column 2.																																										
APPLICATION AS AMENDED – PART II																																										
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x 100 =	300	x	=	x	=																																					
N/A	180	N/A	=	N/A	=																																					
TOTAL ADD'L FEE	480	TOTAL ADD'L FEE	=	TOTAL ADD'L FEE	=																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">(Column 1)</th> <th colspan="2" style="text-align: center;">(Column 2)</th> <th colspan="2" style="text-align: center;">(Column 3)</th> </tr> <tr> <th style="text-align: center;">AMENDMENT A</th> <th style="text-align: center;">CLAIMS REMAINING AFTER AMENDMENT</th> <th style="text-align: center;">HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th style="text-align: center;">PRESENT EXTRA</th> <th style="text-align: center;">HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th style="text-align: center;">PRESENT EXTRA</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Total (37 CFR 1.16(i))</td> <td style="text-align: center;">20</td> <td style="text-align: center;">Minus</td> <td style="text-align: center;">20</td> <td style="text-align: center;">=</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">Independent (37 CFR 1.16(h))</td> <td style="text-align: center;">6</td> <td style="text-align: center;">Minus</td> <td style="text-align: center;">3</td> <td style="text-align: center;">=</td> <td style="text-align: center;">3</td> </tr> <tr> <td colspan="6">Application Size Fee (37 CFR 1.16(s))</td> </tr> <tr> <td colspan="6">FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> </tr> </tbody> </table>							(Column 1)		(Column 2)		(Column 3)		AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	Total (37 CFR 1.16(i))	20	Minus	20	=	0	Independent (37 CFR 1.16(h))	6	Minus	3	=	3	Application Size Fee (37 CFR 1.16(s))						FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					
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<p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>																																										

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APR 12 2005

Appl. No. : 10/775,593 Confirmation No. 1763
Applicant : Stephanie Western
Filed : 02/09/2004
Title : Container and Warmer for Wipes And The Like
Grp./A.U. : 3742
Examiner : Joseph Moore Pelham
Docket No. : 6973P001

April 12, 2005

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA FACSIMILE (703) 872-9306

INTERVIEW SUMMARY

On March 29, 2005, applicant contacted Examiner Pelham via telephone to inquire as to possible inventive features which could be useful to focus on in drafting new claims for the invention. Examiner Pelham noted that the exothermic heating and other non-electrically powered portable sources of energy were not as commonly used as electrical energy sources.

RESPONSE TO 11/17/2004 OFFICE ACTION

AMENDMENT

Sir:

Applicant wishes to amend the above identified application as follows:

In the claims:

Please amend the claims as follows:

Cancel Claim 1. Add new claims 2-21 recited below.